

P-IRO Inc.

An Independent Review Organization

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Notice of Independent Review Decision

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Orthopedic Surgery

Description of the service or services in dispute:

Left shoulder Arthroscopy with lysis of adhesions

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

☒ Upheld (Agree)

☐ Overturned (Disagree)

Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

This patient is a male who was taken to surgery on 12/28/11, for left shoulder arthrofibrosis and the procedure was a left shoulder manipulation, and Cortisone injection. On 02/05/13, the patient was taken to surgery for a left shoulder manipulation and debridement. On 08/27/13, the patient was given a left shoulder Cortisone injection and underwent manipulation of the left shoulder.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

On 01/19/15, a utilization review determination letter stated that there is no documentation of progressive loss of both passive and active range of motion and no PT notes to confirm that there had been an adequate and aggressive regimen targeted to restoration of range of motion. In addition, it was noted it was not discussed if this patient had tried home stretching or a trial of static progressive stretching device to strengthen the structures along the joint capsule. There was no adequate diagnosis of adhesive capsulitis and therefore the request was non-certified. On 02/16/15, a reconsideration determination letter was submitted noting that no physical therapy notes were submitted to indicate failure to progress with treatment. It was noted the patient had limitations on range of motion with abduction limited to 140 degrees. Conservative treatment was described as a long term treatment regimen for adhesive capsulitis by the guidelines, and therefore the request was non-certified.

Guidelines indicate that surgery for adhesive capsulitis is under study as the clinical course of this condition is considered self-limiting and conservative treatment such as physical therapy and NSAIDs, are a good long term treatment regimen for this diagnosis and there is some evidence to support arthroscopic release of adhesions for cases failing conservative care. No physical therapy notes were provided for this review to document failure of all lesser measures. The most recent note of 02/03/15, indicates that the patient has been through an abundant course of physical therapy and continues to have pain with range of motion. On exam, there is limited range of motion in abduction to approximately 135 degrees. However, while it was noted that chiropractic notes were provided for this review, there is a lack of documentation objectively that the request would be considered reasonable. Therefore, it is the opinion of this reviewer that the request for a left shoulder arthroscopy with lysis of adhesions is not medically necessary and the prior denials are upheld.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of Chronic
- ☐ Low Back Pain Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice
- ☐ Parameters Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)

- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)